

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Florida Freedom PAC

ADDRESS (number and street)

8330 Biscayne Blvd., Ste. 1

☐ Check if different than previously reported. (ACC)

Miami

FL

33138

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00521013

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gihan Perera

Signature of Treasurer

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Florida Freedom PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		646049.82
(b) Cash on Hand at Beginning of Reporting Period.....	590508.16	
(c) Total Receipts (from Line 19)	216.00	89761.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	590724.16	735811.53
7. Total Disbursements (from Line 31)	-3586.64	141500.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	594310.80	594310.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	92548.27	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Florida Freedom PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

216.00

1383.16

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

88378.55

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

216.00

89761.71

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

216.00

89761.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-2287.83	142799.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-2287.83	142799.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	-754.61	-754.61
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	-544.20	-544.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-3586.64	141500.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(iii) from Line 31).....	-3586.64	141500.73

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-2287.83	142799.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	216.00	1383.16
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-2503.83	141416.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Florida Freedom PAC

<p>Full Name (Last, First, Middle Initial) A. Amtrust North America, Inc.</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>11 / 15 / 2013</div> </div> </p>	
<p>Mailing Address P.O. Box 318004</p>		<p>Transaction ID : C5348983</p>	
<p>City Independence</p>	<p>State OH</p>	<p>Zip Code 44131</p>	<p>Amount of Each Receipt this Period <div> <div>216.00</div> </div> </p>
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer</p>		<p>Occupation</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ <div>1383.16</div> </p>	
<p>Refund of Overpayment</p>			

<p>Full Name (Last, First, Middle Initial) B.</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div> </p>	
<p>Mailing Address</p>			
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Receipt this Period <div> </div> </p>
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer</p>		<p>Occupation</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ <div> </div> </p>	

<p>Full Name (Last, First, Middle Initial) C.</p>		<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div> </p>	
<p>Mailing Address</p>			
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Receipt this Period <div> </div> </p>
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer</p>		<p>Occupation</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ <div> </div> </p>	

<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<div>216.00</div>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		<div>216.00</div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Amtrust North America, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				1	1						2	0	1	3

Mailing Address P.O. Box 318004

City	State	Zip Code
Independence	OH	44131

Transaction ID : D387700Purpose of Disbursement
Workers' Compensation Insurance

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

445.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Paychex

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				1	7						2	0	1	3

Mailing Address 3636 Executive Center Drive #100

City	State	Zip Code
Austin	TX	78731

Transaction ID : D387710Purpose of Disbursement
Workers' Compensation Insurance

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

198.88

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Estefania Galvis

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				3	0						2	0	1	3

Mailing Address 10811 N Mc Kinley Dr.

City	State	Zip Code
Tampa	FL	33612

Transaction ID : D387750Purpose of Disbursement
Voided Check from 11/16/2012

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

-229.57

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

414.31

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. NGP VAN

Mailing Address 1101 15th Street NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software Support

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : D387691

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2013

Transaction ID : D387761

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. Shakera Bailey

Mailing Address 3740 Drew Street

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement
Voided Check from 11/16/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387741

Amount of Each Disbursement this Period

-177.19

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1357.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2013

Transaction ID : D387692

Amount of Each Disbursement this Period

83.75

Full Name (Last, First, Middle Initial)

B. Ada Quinones Catering

Mailing Address 13915 Wheeling Lane

City Jacksonville Beach State FL Zip Code 32250

Purpose of Disbursement
Voided Check from 9/26/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387722

Amount of Each Disbursement this Period

-240.00

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2013

Transaction ID : D387762

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-121.25

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Florida Freedom PAC

A. Florida Consumer Action Network

Date of Disbursement



Transaction ID : D387723

Amount of Each Disbursement this Period

-2200.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Regions Bank

Date of Disbursement

M M / D D / Y Y Y Y
12 09 2013

Mailing Address 6013 Northwest 7th Avenue

City	State	Zip Code
Miami	FL	33127

Transaction ID : D387763

Purpose of Disbursement Bank Fees

Amount of Each Disbursement this Period

Candidate Name

35.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Paychex

Date of Disbursement

Mailing Address 3636 Executive Center Drive #100

City	State	Zip Code
Austin	TX	78731

Transaction ID : D387694

Purpose of Disbursement	
Payroll Services	

Amount of Each Disbursement this Period

Candidate Name

75.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

-2090.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Amrry Gonzalez

Mailing Address 1235 SW 6 Street #1

City Miami State FL Zip Code 33135

Purpose of Disbursement
Voided Check from 10/16/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387724

Amount of Each Disbursement this Period

-800.00

Full Name (Last, First, Middle Initial)

B. Charles Jefferson

Mailing Address 8515 River Drive

City Tampa State FL Zip Code 33615

Purpose of Disbursement
Voided Check from 11/16/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387754

Amount of Each Disbursement this Period

-252.14

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : D387764

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-1047.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. FastSigns

Mailing Address 15405 W. Dixie Highway

City Miami State FL Zip Code 33162

Purpose of Disbursement
Voided Check from 10/25/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387725

Amount of Each Disbursement this Period

-294.68

Full Name (Last, First, Middle Initial)

B. Andre Broussard

Mailing Address 18 Catalina Dr

City Debary State FL Zip Code 32713-3202

Purpose of Disbursement
Voided Check from 11/16/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387745

Amount of Each Disbursement this Period

-479.07

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2013

Transaction ID : D387765

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-768.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2013
Transaction ID : D387705

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013
Transaction ID : D387706

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : D387766

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : D387707

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. Rossana Torres

Mailing Address 8820 Fontainebleau Blvd Apt 206

City Miami State FL Zip Code 33172

Purpose of Disbursement
Voided Check from 11/16/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : D387757

Amount of Each Disbursement this Period

-209.81

Full Name (Last, First, Middle Initial)

C. Regions Bank

Mailing Address 6013 Northwest 7th Avenue

City Miami State FL Zip Code 33127

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : D387767

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-154.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 3636 Executive Center Drive #100

City Austin State TX Zip Code 78731

Purpose of Disbursement
Payroll Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 10 2013

Transaction ID : D387709

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

-2259.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Rossana Torres

Mailing Address 8820 Fontainebleau Blvd Apt 206

City

Miami

State

FL

Zip Code

33172

Purpose of Disbursement

Voided Check from 11/16/2012

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D387760

Amount of Each Disbursement this Period

-93.71

Full Name (Last, First, Middle Initial)

B. Shakera Bailey

Mailing Address 3740 Drew Street

City

Jacksonville

State

FL

Zip Code

32207

Purpose of Disbursement

Voided Check from 11/16/2012

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D387744

Amount of Each Disbursement this Period

-79.15

Full Name (Last, First, Middle Initial)

C. Andre Broussard

Mailing Address 18 Catalina Dr

City

Debarry

State

FL

Zip Code

32713-3202

Purpose of Disbursement

Voided Check from 11/16/2012

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D387746

Amount of Each Disbursement this Period

-258.72

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-431.58

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Florida Freedom PAC

Full Name (Last, First, Middle Initial)

A. Charles Jefferson

Mailing Address 8515 River Drive

City
TampaState
FLZip Code
33615Purpose of Disbursement
Voided Check from 11/16/2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D387756

Amount of Each Disbursement this Period

-112.62

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-112.62

-544.20

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 25

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Florida New Majority

Nature of Debt (Purpose):

Canvass Expenses & Program Costs

Mailing Address 8330 Biscayne Blvd.
Suite 1City State Zip Code
Miami FL 33138

Outstanding Balance Beginning This Period

36178.41

Transaction ID : D366098

Amount Incurred This Period

51869.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

88048.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Winding Creek Group Inc.

Nature of Debt (Purpose):

Voter Outreach Telephone Calls

Mailing Address 18118 Chesterfield Airport Rd, Ste

City State Zip Code
Chesterfield MO 63005

Outstanding Balance Beginning This Period

4500.00

Transaction ID : D357955

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

92548.27

2) **TOTALS** This Period (last page this line number only)..... ►

92548.27

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

92548.27

Full Name of Payee Rossana Torres		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 01 / 1900	
Mailing Address 8820 Fontainebleau Blvd Apt 206		Amount -190.14	
City Miami	State FL	Zip Code 33172	Transaction ID : D387737 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2013
Purpose of Expenditure Voided Check from 9/7/2012		Category/ Type 001	
Name of Federal Candidate BILL NELSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		-357.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	-380.28
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Rossana Torres			Date of Public Distribution/Dissemination 01 / 01 / 1900		
Mailing Address 8820 Fontainebleau Blvd Apt 206			Amount -20.01		
City Miami	State FL	Zip Code 33172	Transaction ID : D387738		
Purpose of Expenditure Voided Check from 9/7/2012		Category/ Type 001	Date of Disbursement or Obligation 09 / 30 / 2013		
Name of Federal Candidate JOE GARCIA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		-20.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shakera Bailey			Date of Public Distribution/Dissemination 01 / 01 / 1900		
Mailing Address 3740 Drew Street			Amount -19.49		
City Jacksonville	State FL	Zip Code 32207	Transaction ID : D387742		
Purpose of Expenditure Voided Check from 11/16/2012		Category/ Type 001	Date of Disbursement or Obligation 09 / 30 / 2013		
Name of Federal Candidate BARACK OBAMA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		-357.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			-39.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gihan Perera</i>		[Electronically Filed]		Date 01 / 31 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Shakera Bailey			Date of Public Distribution/Dissemination 01 / 01 / 1900		
Mailing Address 3740 Drew Street			Amount -19.49		
City Jacksonville		State FL	Zip Code 32207		Transaction ID : D387743
Purpose of Expenditure Voided Check from 11/16/2012		Category/ Type 001		Date of Disbursement or Obligation 09 / 30 / 2013	
Name of Federal Candidate BILL NELSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought -357.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Andre Broussard			Date of Public Distribution/Dissemination 01 / 01 / 1900		
Mailing Address 18 Catalina Dr			Amount -20.22		
City Debary		State FL	Zip Code 32713-3202		Transaction ID : D387747
Purpose of Expenditure Voided Check from 11/16/2012		Category/ Type 001		Date of Disbursement or Obligation 09 / 30 / 2013	
Name of Federal Candidate BARACK OBAMA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought -357.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			-39.71		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gihan Perera</i>			Date 01 / 31 / 2014 <div style="text-align: center;">[Electronically Filed]</div>		

Full Name of Payee Andre Broussard		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 01 / 1900</div> </div>	
Mailing Address 18 Catalina Dr		Amount <div> <div>MM / DD / YYYY</div> <div>-20.22</div> </div>	
City Debary	State FL	Zip Code 32713-3202	Transaction ID : D387749 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2013</div> </div>
Purpose of Expenditure Voided Check from 11/16/2012		Category/ Type 001	
Name of Federal Candidate VALDEZ VAL DEMINGS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>-20.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">-40.44</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Estefania Galvis		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 01 / 1900	
Mailing Address 10811 N Mc Kinley Dr.		Amount -76.52	
City Tampa	State FL	Zip Code 33612	Transaction ID : D387751
Purpose of Expenditure Voided Check from 11/16/2012		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2013
Name of Federal Candidate BARACK OBAMA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		-357.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Estefania Galvis		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 01 / 1900	
Mailing Address 10811 N Mc Kinley Dr.		Amount -76.52	
City Tampa	State FL	Zip Code 33612	Transaction ID : D387752
Purpose of Expenditure Voided Check from 11/16/2012		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2013
Name of Federal Candidate BILL NELSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		-357.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	-153.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 31 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Charles Jefferson			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 01 / 01 / 1900</div> </div>		
Mailing Address 8515 River Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">-27.74</div>		
City Tampa	State FL	Zip Code 33615	Transaction ID : D387753 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 09 / 30 / 2013</div> </div>		
Purpose of Expenditure Voided Check from 11/16/2012		Category/ Type 001	Name of Federal Candidate BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">-357.19</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ► _____					

Full Name of Payee Charles Jefferson			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 01 / 01 / 1900</div> </div>		
Mailing Address 8515 River Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">-27.74</div>		
City Tampa	State FL	Zip Code 33615	Transaction ID : D387755 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 09 / 30 / 2013</div> </div>		
Purpose of Expenditure Voided Check from 11/16/2012		Category/ Type 001	Name of Federal Candidate BILL NELSON		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">-357.19</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ► _____					

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">-55.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

 MM / DD / YY
 01 / 31 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rossana Torres			Date of Public Distribution/Dissemination 01 / 01 / 1900		
Mailing Address 8820 Fontainebleau Blvd Apt 206			Amount -23.08		
City Miami		State FL	Zip Code 33172		Transaction ID : D387758
Purpose of Expenditure Voided Check from 11/16/2012		Category/Type 001		Date of Disbursement or Obligation 09 / 30 / 2013	
Name of Federal Candidate BARACK OBAMA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought -357.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rossana Torres			Date of Public Distribution/Dissemination 01 / 01 / 1900		
Mailing Address 8820 Fontainebleau Blvd Apt 206			Amount -23.08		
City Miami		State FL	Zip Code 33172		Transaction ID : D387759
Purpose of Expenditure Voided Check from 11/16/2012		Category/Type 001		Date of Disbursement or Obligation 09 / 30 / 2013	
Name of Federal Candidate BILL NELSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought -357.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			-46.16		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			-754.61		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gihan Perera</i>			Date 01 / 31 / 2014 <div style="text-align: center;">[Electronically Filed]</div>		